

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09775745

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2		1					52	1					
3		1					53		1				
4		1					54		1				
5		1					55		1				
6	1						56		1				
7		1					57		1				
8		2					58		1				
9		2					59		1				
10		2					60		1				
11		2					61		1				
12		2					62		1				
13		2					63		1				
14		2					64		1				
15		2					65		1				
16		2					66		1				
17		2					67		1				
18		2					68		1				
19		2					69		1				
20	1						70		1				
21		1					71		1				
22		1					72						
23	1						73						
24		1					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37	1						87						
38		1					88						
39	1						89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	7	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	100	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	107					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS